



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

|                      | OMB APPE                           | ROVAL |        |
|----------------------|------------------------------------|-------|--------|
| Expires:<br>Estimate | mber:<br>ed average but<br>er form |       |        |
|                      |                                    |       |        |
|                      | SEC USE                            | ONLY  |        |
| Prefix               |                                    |       | Serial |
|                      | 1                                  |       |        |
|                      | DATE REC                           | EIVED |        |

| Name of Offering        | (☐ check if this is an am                                             | endment and name       | has changed, and in   | ndicate change.)        |                |                              |
|-------------------------|-----------------------------------------------------------------------|------------------------|-----------------------|-------------------------|----------------|------------------------------|
| Series B Preferred      | Stock and Common Stock                                                | issuable upon co       | nversion thereof      |                         |                |                              |
| Filing Under (Check     | box(es) that apply):                                                  | □ Rule 504             | ☐ Rule 505            | ⊠ Rule 506              | Section 4(6    | ) ULOE                       |
| Type of Filing:         | New Filing                                                            | ☐ Amendment            |                       |                         |                |                              |
|                         |                                                                       | A. BASI                | C IDENTIFICAT         | ION DATA                |                |                              |
| 1. Enter the inform     | nation requested about the i                                          | ssuer                  |                       |                         | •              |                              |
| Name of Issuer          | check if this is an ame                                               | endment and name I     | nas changed, and in   | dicate change.          |                |                              |
| Telsima Corporatio      | n (f/k/a Kinera Inc.)                                                 |                        |                       |                         | ·              |                              |
| Address of Executive    | e Offices                                                             |                        | (Number and Stree     | et, City, State, Zip Co |                | Number (Including Area Code) |
| 3945 Freedom Circl      | e, Suite 1050, Santa Clara                                            | , CA 95052             |                       |                         | (408) 919-9    | 9100                         |
| Address of Principal    | Offices                                                               |                        | (Number and Stree     | et, City, State, Zip Co | ode) Telephone | Number (Including Area Code) |
| (if different from Exec | cutive Offices)                                                       |                        |                       |                         |                |                              |
| Brief Description of E  | Business: Developn                                                    | nent of voice-base     | d internet infrastru  | cure and services       |                | PROCESSEU                    |
| Type of Business Or     | ganization                                                            |                        |                       |                         |                | JAN 29 2004                  |
| ļ                       |                                                                       | ☐ limited ;            | partnership, already  | formed                  | other (please  | specify)                     |
|                         | ☐ business trust                                                      | ☐ limited              | partnership, to be fo | rmed                    |                | THOMSON<br>FINANCIAL         |
|                         | Date of Incorporation or Orgoration or Orgoration or Organization: (E | nter two-letter U.S. I |                       | •                       | 9 🛛            | Actual                       |
|                         |                                                                       |                        | n ioi Canada, Fin io  | r other foreign jurisdi | ICUOIT)        |                              |

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

|                                                                     |                                                                    | A. BASIC ID                                                  | ENTIFICATION DATA     | Α                  |                                                                       |
|---------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------|-----------------------|--------------------|-----------------------------------------------------------------------|
| <ul><li>Each beneficial own</li><li>Each executive office</li></ul> | ne issuer, if the iss<br>ner having the pow<br>cer and director of | uer has been organized wit<br>ver to vote or dispose, or dir |                       |                    | a class of equity securities of the issuer;<br>rtnership issuers; and |
| Check Box(es) that Apply:                                           | □ Promoter                                                         | ⊠ Beneficial Owner                                           | ☐ Executive Officer   | □ Director         | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first,                                         | if individual):                                                    | Dave, Tushar                                                 |                       |                    |                                                                       |
| Business or Residence Add                                           | ress (Number and                                                   | Street, City, State, Zip Cod                                 | e): 3945 Freedom Circ | cle, Suite 1050, S | anta Clara, CA 95052                                                  |
| Check Box(es) that Apply:                                           | ☐ Promoter                                                         | ☐ Beneficial Owner                                           | ☐ Executive Officer   | □ Director         | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first,                                         | if individual):                                                    | Dham, Vinod                                                  |                       |                    |                                                                       |
| Business or Residence Add                                           | ress (Number and                                                   | Street, City, State, Zip Cod                                 | e): 3945 Freedom Circ | cle, Suite 1050, S | anta Clara, CA 95052                                                  |
| Check Box(es) that Apply:                                           | ☐ Promoter                                                         | □ Beneficial Owner                                           | ☐ Executive Officer   | Director           | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first,                                         | if individual):                                                    | Kesanupalli, Ramesh                                          | 1                     |                    |                                                                       |
| Business or Residence Add                                           | ress (Number and                                                   | Street, City, State, Zip Cod                                 | e): 3945 Freedom Circ | cle, Suite 1050, S | anta Clara, CA 95052                                                  |
| Check Box(es) that Apply:                                           | ☐ Promoter                                                         | Beneficial Owner                                             | ☐ Executive Officer   | ☐ Director         | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first, i                                       | f individual):                                                     | Akella, Sreeram                                              |                       |                    |                                                                       |
| Business or Residence Add                                           | ress (Number and                                                   | Street, City, State, Zip Cod                                 | e): 3945 Freedom Circ | cle, Suite 1050, S | anta Clara, CA 95052                                                  |
| Check Box(es) that Apply:                                           | Promoter                                                           | □ Beneficial Owner                                           | ☐ Executive Officer   | Director           | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first, i                                       | f individual):                                                     | New Path Ventures, L                                         | LC                    |                    |                                                                       |
| Business or Residence Addi                                          | ress (Number and                                                   | Street, City, State, Zip Cod                                 | e): 3945 Freedom Circ | cle, Suite 1050, S | anta Clara, CA 95052                                                  |
| Check Box(es) that Apply:                                           | ☐ Promoter                                                         | Beneficial Owner                                             |                       | Director           | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first, i                                       | f individual):                                                     | Amin, Umish                                                  |                       |                    |                                                                       |
| Business or Residence Addr                                          | ess (Number and                                                    | Street, City, State, Zip Cod                                 | e): 3945 Freedom (    | Circle, Suite 1050 | , Santa Clara, CA 95052                                               |
| Check Box(es) that Apply:                                           | Promoter                                                           | ⊠ Beneficial Owner                                           | ☐ Executive Officer   | Director           | General and/or Managing Partner                                       |
| Full Name (Last name first, i                                       | f individual):                                                     | Horne, Martin                                                |                       |                    |                                                                       |
| Business or Residence Addr                                          | ess (Number and                                                    | Street, City, State, Zip Code                                | e): 3945 Freedom (    | Circle, Suite 1050 | , Santa Clara, CA 95052                                               |
| Check Box(es) that Apply:                                           | Promoter                                                           | ⊠ Beneficial Owner                                           | ☐ Executive Officer   | ☐ Director         | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first, i                                       | f individual):                                                     | Intel Corporation                                            |                       |                    |                                                                       |
| Business or Residence Addr                                          | ess (Number and                                                    | Street, City, State, Zip Cod                                 | e): 3945 Freedom (    | Circle, Suite 1050 | , Santa Clara, CA 95052                                               |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| B. INFORMATION ABOUT OFFERING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |             |              |              |                           |              |        |            |        |               |              |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-------------|--------------|--------------|---------------------------|--------------|--------|------------|--------|---------------|--------------|
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |             |              |              |                           |              |        |            |        | <u>Yes</u>    | <u>No</u>    |
| 1. Ha                         | s the issue                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | er sold, or   | does the is  | suer inten  |              |              | edited inve<br>pendix, Co |              |        |            | •••••  |               | ⊠            |
| 2. WI                         | nat is the m                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ninimum in    | vestment t   | hat will be | accepted     | from any i   | individual?               | ************ |        |            | ·····  | \$ <u>N/A</u> |              |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |             |              |              |                           |              |        |            |        | <u>Yes</u>    | <u>No</u>    |
|                               | es the offe                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | • .           | •            | •           | •            |              |                           |              |        |            |        | $\boxtimes$   |              |
| an<br>off<br>an               | any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |               |              |             |              |              |                           |              |        |            |        |               |              |
| Full Nar                      | ne (Last na                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ame first, i  | f individual | )           |              |              |                           |              |        |            |        |               |              |
| Busines                       | s or Resid                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ence Addr     | ess (Numb    | per and Str | eet, City,   | State, Zip   | Code)                     |              |        |            |        |               |              |
| Name o                        | f Associate                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ed Broker     | or Dealer    |             |              |              |                           |              |        |            |        |               |              |
|                               | n Which Peneck "All S                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |              |             |              |              |                           |              |        |            |        |               | ☐ All States |
| ☐ [AL]                        | □ [AK]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ [AZ]        | ☐ [AR]       | ☐ [CA]      | ☐ [CO]       |              | [DE]                      |              | ☐ [FL] | ☐ [GA]     | ☐ [HI] | □ [ID]        |              |
|                               | □ [IN]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ [IA]        | □ [KS]       | ☐ [KY]      | □ [LA]       | ☐ [ME]       | ☐ [MD]                    | ☐ [MA]       | ☐ [Mi] | ☐ [MN]     | ☐ [MS] | ☐ [MO]        |              |
|                               | □ [NE]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ [NV]        | □ [NH]       | □ [NJ]      | □ [NM]       | □ [NY]       | □ [NC]                    | □ [ND]       | □ [OH] | □ [OK]     | □ [OR] | □ [PA]        |              |
| □ [RI]                        | □ [SC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | [SD]          | □ [TN]       | □ [TX]      | [TU]         | □ [VT]       | □ [VA]                    | □ [WA]       | [WV]   | [WI]       | [WY]   | □ [PR]        |              |
| Full Nar                      | ne (Last na                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ame first, i  | f individual | )           |              |              |                           |              |        |            |        |               |              |
| Busines                       | s or Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ence Addr     | ess (Numb    | er and Str  | eet, City, S | State, Zip   | Code)                     |              |        |            |        |               |              |
| Name o                        | f Associate                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ed Broker     | or Dealer    |             |              |              |                           | <del> </del> |        |            |        |               |              |
|                               | n Which Peneck "All St                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |              |             |              |              |                           |              |        |            |        |               | ☐ All States |
| □ [AL]                        | □ [AK]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ [AZ]        | ☐ [AR]       | ☐ [CA]      | □ [CO]       |              | □ [DE]                    |              | □ (FL) | □ [GA]     | [HI]   | □ [ID]        |              |
| □ [IL]                        | □ [IN]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ [iA]        | [KS]         | □ [KY]      | □ [LA]       | ☐ [ME]       | ☐ [MD]                    | ☐ [MA]       | [IMI]  | ☐ [MN]     | ☐ [MS] | [MO]          |              |
| ☐ [MT]                        | □ [NE]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | □ [NH]       | □ [NJ]      | □ [NM]       | □ [NY]       | □ [NC]                    | □ [ND]       | [OH]   | [OK]       | □ [OR] | □ [PA]        |              |
| □ [RI]                        | ☐ [SC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ [SD]        | [NT]         | [TX]        |              | [√T]         | □ [VA]                    | □ [WA]       |        | [W]        |        | □ [PR]        |              |
| Full Nar                      | ne (Last na                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ame first, it | individual   | )           |              |              |                           |              |        | 110        |        | 44.1          |              |
| Busines                       | s or Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ence Addr     | ess (Numb    | er and Str  | eet, City, S | State, Zip ( | Code)                     |              |        | , <u>.</u> |        |               |              |
| Name o                        | f Associate                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | d Broker o    | or Dealer    |             |              |              |                           |              |        |            |        |               |              |
|                               | n Which Peneck "All St                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |              |             |              |              |                           |              |        |            |        |               | ☐ All States |
| □ [AL]                        | □ [AK]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ [AZ]        | ☐ [AR]       | ☐ [CA]      | □ [CO]       |              | □ [DE]                    | □ [DC]       | □ [FL] | □ [GA]     | ☐ [HI] | [ID]          |              |
|                               | □ [IN]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ [IA]        | ☐ [KS]       | [KY]        | ☐ [LA]       | ☐ [ME]       | ☐ [MD]                    | [MA]         | ☐ [MI] | ☐ [MN]     | ☐ [MS] | [MO]          |              |
| ☐ [MT]                        | □ [NE]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ [NV]        | □ [NH]       | □ [NJ]      | □ [NM]       | □ [NY]       | ☐ [NC]                    | □ [ND]       | [HO]   | □ [OK]     | ☐ [OR] | □ [PA]        |              |
| ☐ [Ri]                        | □ [SC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ [SD]        | [MT]         | □ [TX]      | [UT]         |              | □ [VA]                    | □ [WA]       |        | [W]        |        | □ [PR]        |              |

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60348023v1 3 of 8

| ١. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                                                                     |           |                             |           |                                            |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|-----------|--------------------------------------------|
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                                                                    |           | Aggregate<br>Offering Price |           | Amount Already<br>Sold                     |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Offering Frice              | \$        | 3010                                       |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | 5 400 000                   |           | 2 042 500                                  |
|    | Equity Series B Preferred Stock and Common Stock Issuable upon conversion thereof                                                                                                                                                                                                                                                                                                                                                   | <u>\$</u> | 6,480,000                   | \$        | 3,812,500                                  |
|    | ☑ Common ☑ Preferred                                                                                                                                                                                                                                                                                                                                                                                                                | •         |                             | •         |                                            |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                                                                         |           |                             | . \$      | • •                                        |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                                                               | <u>\$</u> |                             | \$        |                                            |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                     | \$        |                             | <u>\$</u> |                                            |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                                                               | \$        | 6,480,000                   | \$        | 3,812,500                                  |
| 2. | Answer also in Appendix, Column 3, if filing under ULOE  Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." |           |                             |           |                                            |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | Number<br>Investors         |           | Aggregate<br>Dollar Amount<br>Of Purchases |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                                                                |           | 4                           | \$        | 3,812,500                                  |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                                                                            |           | 0                           | \$        | 0                                          |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                             |           |                             | \$        |                                            |
| ١. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.  Type of Offering                                                                                          |           | Types of<br>Security        |           | Dollar Amount<br>Sold                      |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                                                                            |           | N/A                         | \$        | N/A                                        |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                                                                        |           | N/A                         | \$        | N/A                                        |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                                                                            | -         | N/A                         | *<br>*    | N/A                                        |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                                                               |           | 1 11 11 11 11               | \$        |                                            |
| •• | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.                                               |           |                             | <u>.</u>  |                                            |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                                                               |           | 🗆                           | \$        |                                            |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                                                                        |           | 🗆                           | \$        |                                            |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                                                                          |           | 🖾                           | \$        | 45,000                                     |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                             | \$        |                                            |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                             | \$        |                                            |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                                                                |           |                             | \$        |                                            |
|    | Other Expenses (identify) blue sky filing fees                                                                                                                                                                                                                                                                                                                                                                                      |           |                             | \$        |                                            |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                                                               |           | 🛛                           | \$        | 45,000                                     |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

60348023v1 4 of 8

| 4   | b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to full displayed gross proceeds to the issuer."                                                                            | Part C-Question 4.a. This differer                                      | nce is the     |    |                                                  |    | _9          | <u> </u> | 3,767,500             |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------|----|--------------------------------------------------|----|-------------|----------|-----------------------|
| 5   | Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for a estimate and check the box to the left of the estimate. To the adjusted gross proceeds to the issuer set forth in res | any purpose is not known, furnish<br>he total of the payments listed mu | an<br>st equal | D  | ayments<br>Officers,<br>irectors &<br>Affiliates |    |             | Ρ        | rayments to<br>Others |
|     | Salaries and fees                                                                                                                                                                                                                      |                                                                         |                | \$ |                                                  |    |             | \$       |                       |
|     | Purchase of real estate                                                                                                                                                                                                                |                                                                         |                | \$ |                                                  |    |             | \$       |                       |
|     | Purchase, rental or leasing and installation of made                                                                                                                                                                                   | chinery and equipment                                                   |                | \$ |                                                  |    |             | \$       |                       |
|     | Construction or leasing of plant buildings and faci                                                                                                                                                                                    |                                                                         |                | \$ |                                                  |    |             | \$       |                       |
|     | Acquisition of other businesses (including the value offering that may be used in exchange for the ass pursuant to a merger                                                                                                            | sets or securities of another issuer                                    |                | \$ |                                                  |    | ×           | \$       | 1,760,000             |
|     | Repayment of indebtedness                                                                                                                                                                                                              |                                                                         |                | \$ |                                                  |    |             | \$       |                       |
|     | Working capital                                                                                                                                                                                                                        |                                                                         |                | \$ |                                                  |    | $\boxtimes$ | \$       | 2,007,500             |
|     | Other (specify):                                                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                   |                | \$ |                                                  |    |             | \$       |                       |
|     |                                                                                                                                                                                                                                        |                                                                         |                | \$ |                                                  |    |             | \$       |                       |
|     | Column Totals                                                                                                                                                                                                                          |                                                                         |                | \$ | <u></u> .                                        |    | $\boxtimes$ | \$       | 3,767,500             |
|     | Total payments Listed (column totals added)                                                                                                                                                                                            |                                                                         |                |    | $\boxtimes$                                      | \$ |             | 3,767,5  | <u>00</u>             |
|     |                                                                                                                                                                                                                                        | D. FEDERAL SIGNATUR                                                     | E E            |    |                                                  |    |             |          |                       |
| CO  | is issuer has duly caused this notice to be signed by the unstitutes an undertaking by the issuer to furnish to the U.S the issuer to any non-accredited investor pursuant to para                                                     | . Securities and Exchange Comm                                          |                |    |                                                  |    |             |          |                       |
| lss | uer (Print or Type)                                                                                                                                                                                                                    | Signature                                                               |                |    |                                                  | Da | te          |          |                       |
|     | Telsima Corporation (f/k/a Kinera Inc.)                                                                                                                                                                                                | Title of Cience (Drink on Tree)                                         |                |    |                                                  | Щ. | Januar      | ry , 20  | 004                   |
| Na  | me of Signer (Print or Type)                                                                                                                                                                                                           | Title of Signer (Print or Type)                                         |                |    |                                                  |    |             |          |                       |
|     |                                                                                                                                                                                                                                        |                                                                         |                |    |                                                  |    |             |          |                       |
|     |                                                                                                                                                                                                                                        | ATTENTION                                                               |                |    |                                                  |    |             |          |                       |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

60348023v1 5 of 8

|     | C. OFFERING PRICE, NUMBER OF INVESTORS, EXP                                                                                                                                                                                                                                                                                                                          | PENSES              | AND U                    | SE OF                                           | PRO                | CEED        | S                      |                                 |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|-------------------------------------------------|--------------------|-------------|------------------------|---------------------------------|
| 4   | b. Enter the difference between the aggregate offering price given in response to Part Question 1 and total expenses furnished in response to Part C—Question 4.a. This differ "adjusted gross proceeds to the issuer."                                                                                                                                              | ence is the         |                          |                                                 |                    |             | \$                     | 3,767,500                       |
| 5   | Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, furnis estimate and check the box to the left of the estimate. The total of the payments listed in the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. | sh an<br>nust equal |                          | ayments<br>Officers,<br>Directors<br>Affiliates | &                  |             | P                      | ayments to<br>Others            |
|     | Salaries and fees                                                                                                                                                                                                                                                                                                                                                    |                     | \$                       |                                                 |                    |             | \$                     |                                 |
|     | Purchase of real estate                                                                                                                                                                                                                                                                                                                                              |                     | \$                       |                                                 |                    |             | \$                     |                                 |
|     | Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                                                                                              |                     | \$                       |                                                 | _                  |             | \$                     |                                 |
|     | Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                                                            |                     | \$                       | <del></del> .                                   | · <u>-</u>         |             | \$                     |                                 |
|     | pursuant to a merger                                                                                                                                                                                                                                                                                                                                                 | er                  | \$                       |                                                 |                    | $\boxtimes$ | \$                     | 1,760,000                       |
|     | Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                            |                     | \$                       |                                                 |                    |             | \$                     | <del></del>                     |
|     | Working capital                                                                                                                                                                                                                                                                                                                                                      |                     | \$                       |                                                 |                    | $\boxtimes$ | \$                     | 2,007,500                       |
|     | Other (specify):                                                                                                                                                                                                                                                                                                                                                     |                     | \$                       |                                                 |                    | . 🗆         | \$                     |                                 |
|     |                                                                                                                                                                                                                                                                                                                                                                      |                     | \$                       |                                                 |                    |             | \$                     | <del>- 4 4</del>                |
|     | Column Totals                                                                                                                                                                                                                                                                                                                                                        |                     | \$                       |                                                 |                    | $\boxtimes$ | \$                     | 3,767,500                       |
|     | Total payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                          | <b>—</b> ,          | . 1                      | ☒                                               | \$                 |             | 3,767,5                | 00                              |
|     | D. FEDERAL SIGNATU                                                                                                                                                                                                                                                                                                                                                   | IRE                 |                          |                                                 |                    |             |                        | -                               |
| cor | s issuer has duly caused this notice to be signed by the undersigned duly authorized pers istitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comithe issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.                                                                                              | on. If this n       | otice is f<br>on writter | iled unde<br>n request                          | r Rule<br>of its s | 505, the    | e followi<br>e informa | ng signature<br>ation furnished |
| SS  | uer (Print or Type) Signature                                                                                                                                                                                                                                                                                                                                        | la la               | 11                       | , /                                             | Da                 |             |                        |                                 |
|     |                                                                                                                                                                                                                                                                                                                                                                      | er fay              |                          |                                                 |                    | Janua       | <u>y Z. 20</u>         | 104                             |
|     | ne of Signer (Print or Type)  3 HABBER JAFFBR COMPANY ST                                                                                                                                                                                                                                                                                                             | sere                | TAP                      | . 4                                             |                    |             |                        |                                 |
| =   | ONTIDOUT CONTRACT OF                                                                                                                                                                                                                                                                                                                                                 | سيد بست             |                          |                                                 |                    |             | ·                      |                                 |

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)